

# TRANSPORTING HAZARDOUS MATERIAL



# **HOW IT ALL STARTED**

The 70th Congress established the DDESB, formerly called the Armed Forces Explosives Safety Board, in 1928 after a major disaster occurred at the Naval Ammunition Depot, Lake Denmark, New Jersey in 1926. The accident virtually destroyed the depot, causing heavy damage to adjacent Picatinny Arsenal and the surrounding communities, killing 21 people, and seriously injuring 51 others. The monetary loss to the Navy alone was \$46 million.

# REFERENCES

- 49 Code of Federal Regulations
- NAVSEASWO20-AF-HBK-010
- MCO's
- MCBO's
- State / County



MCO 8020.13



MCO P8020.11



MCO P8020.10A

# WHAT IT TAKES TO TRANSPORT HAZARDOUS MATERIAL



# MEDICALLY QUALIFIED

*Military: Required every five years until age 50, then annually thereafter*

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with the requirements of NAVSEA OP 5 and with knowledge of his/her duties, I find this person is qualified; and, if applicable, only when:

wearing corrective lenses  
 wearing hearing aid

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_  
 MEDICAL EXAMINER'S NAME AND POSITION (PRINT) \_\_\_\_\_  
 MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE \_\_\_\_\_  
 SIGNATURE OF DRIVER \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_  
 ADDRESS OF DRIVER \_\_\_\_\_  
 MEDICAL CERTIFICATE EXPIRATION DATE \_\_\_\_\_

**(FRONT)**

**CERTIFICATE OF QUALIFICATION**

\_\_\_\_\_  
 (Name of Driver) \* Employee Identification Number \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of Driver)

I certify that the above driver is regularly driving a vehicle operated by the below named carrier and is fully qualified in accordance with the requirements of NAVSEA OP 5. This certificate of qualification expires upon expiration of the Medical Examiner's Certificate.

Issued on \_\_\_\_\_ (Date)  
 Issued by \_\_\_\_\_ (Name of Carrier)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

**(BACK)**

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

wearing corrective lenses  
 wearing hearing aid  
 accompanied by a \_\_\_\_\_ waiver exemption

driving with an exempt intracity zone (49 CFR 391.62)  
 accompanied by a Skill Performance Evaluation Certificate (SPE)  
 Qualified by operation of 49 CFR 391.54

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_  
 MEDICAL EXAMINER'S NAME (PRINT) \_\_\_\_\_  
 MD  DO  Chiropractor  
 Physician Assistant  Advanced Practice Nurse  
 MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE \_\_\_\_\_  
 SIGNATURE OF DRIVER \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_  
 ADDRESS OF DRIVER \_\_\_\_\_  
 MEDICAL CERTIFICATE EXPIRATION DATE \_\_\_\_\_

**MEDICAL EXAMINER'S CERTIFICATE** 2-79

(I certify that I have examined)

**John Jackson**  
 [Driver's name (Print)]

In accordance with the Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the knowledge of his duties, I find him qualified under the regulations.

Qualified only when wearing corrective lenses  
 Qualified only when wearing a hearing aid

A completed examination form for this person is on file in my office at  
**21 Oak St., Jamestown, ARK 71772**

**2-2-82** [Date of examination]  
**M. McKenna** [Name of examining doctor (Print)]  
 [Signature of examining doctor]  
**John Jackson** [Signature of driver]  
**42 Penn Rd., Monroe, ARK. 71772** [Address of driver]

Reprinted by American Trucking Assns., Inc.  
 17NP0330

*Civilians: Conducted every two years until age 60, then annually thereafter*

**MEDICAL EXAMINER'S CERTIFICATE FOR DRIVERS**  
 NAVMC 10970 (4-75)

I certify that I have examined  
**L Cpl Ronald Samuels**  
 [Driver's name (Print)]

In accordance with the Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the knowledge of his duties, I find him qualified under the regulations.

Qualified only when wearing corrective lenses  
 Qualified only when wearing a hearing aid

A completed examination form for this person is on file at  
**123 Lopez Street Quantico, VA**  
 [Examining Office Address]  
**CMDR Joe Public**  
 [Name of examining doctor (Print)]

**12/05/2008** [Date of Exam]  
**12/05/2013** [Date Expires]  
**Joe Public** [Signature of examining doctor]  
**Ronald Samuels** [Signature of driver]

SN 0109-LF-064-8200 1/11 PG OF 100 (112401)

**DEPARTMENT OF THE NAVY** EXPLOSIVE HANDLER/FORKLIFT ONLY  
**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with NAVSEA OP 5 and NAVMED P-117 and with knowledge of the position duties of Explosive Handler I find this person

Qualified without restrictions  
 Qualified with restrictions noted below

A copy of this examination is on file in my office.

Signature of Medical Examiner \_\_\_\_\_ Telephone No. \_\_\_\_\_ Exam Date \_\_\_\_\_  
 Medical Examiner's Name (print) \_\_\_\_\_  
 MD/DO  PA  ANP  
 Medical Examiner's License/Cert. No./Issuing State \_\_\_\_\_ Exam Certificate/Expiration Date \_\_\_\_\_  
 Signature of Handler \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

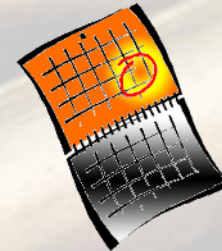
Restrictions (if any):  
 Limited to current position only  
 OTHER (please specify) \_\_\_\_\_

OPNAV 8023-2 (Rev 8-2008) NOTE: This Medical Certificate is valid for Explosive Mhe/FL(721) programs and Forklift (710) operation.

# TRAINING

- Ammo 18 / Ammo 51 (Optional)
- Initial - 12 Hour Course

- General Safety
- Vehicle Inspection and Security
- Fire Prevention and Control
- Cargo Hazard Classification, Package Marking and Labeling, and Vehicle Placarding
- Loading Procedures
- HERO/HERF/HERP
- In-Transit Regulations
- Testing



- Must Renew Every 2 Years



# LICENSING

- Endorsement is valid for 2 years
- Must be 21 YOA Off-Base
- Must carry all credentials while transporting hazardous material
  - ❖ Military I.D. (CAC Card)
  - ❖ Proof of Drivers Improvement
  - ❖ Valid Medical Certificate
  - ❖ Valid OF-346
  - ❖ Valid State License
  - ❖ Civilians Must Have an “H” Endorsement on State License

OF 346 1185 USOPM FPM Chapter 930		U.S. Government Motor Vehicle Operator's Identification Card		Card No. 1000-99	Restrictions: Card# 1000-99 VOID PAGE IF LAMINATED CORRECTIVE LENS REQUIRED *MEDICAL CERTIFICATE REQUIRED
Name of Operator (Not transferable) Butler, Smedley D.			Sex M	Signature of Operator (Not valid until signed)	
Date of Birth 10 Nov 75	Social Security No. xxxxxx6780		Name and Location of Issuing Unit MTIC.MARDET FLW, MO 65473-5850		
Height 70	Weight 195	Hair Color BRN	Eye Color GRN	Signature and Title of Issuing Officer <i>L. B. Puller</i> LIC. OFFICER (M500)	
Date Issued 01 Dec 99	Date Expires 30 Nov 03				
<small>The holder of this card is qualified to operate U.S. Government vehicles and/or equipment specified, subject to the restrictions set forth on the other half of this card. Card must be carried at all times when operating Government vehicles.</small>					
				OTHER RECORDS (Optional)	
				NSN 7540-00-634-3999	
				50346-101	

Restrictions: Card# 1000-99 VOID PAGE IF LAMINATED		Page 3 of 3
QUALIFIED TO OPERATE		
Type Vehicle and/or equipment	Capacity	Qualifying Official
M1123/998 (M500)	2 1/4 TON	<i>Dan Daily</i>
M1152 W/ARMOR (M500)	21/2 TON	<i>Dan Daily</i>
*MK23/25/27/28 (M500)	15 TON	<i>Dan Daily</i>
OTHER RECORDS (Optional)		
<small>* HAZMAT DRIVER MUST HOLD CURRENT MEDICAL CERTIFICATE</small>		
VALID STATE DRIVERS LICENSE REQUIRED <i>Dan Daily</i>		
HAZMAT DRIVER ENDORSEMENT EXPIRES 10 AUG 2003 <i>Dan Daily</i>		
UNDER 21 VALID FOR USE ON-BASE ONLY		
NSN 7540-00-634-3999		
50346-101		

# INTENT OF FEDERAL REGULATIONS



- Communicate the risk
- Contain Material
- Assure Safe Drivers and Equipment





# COMMUNICATE THE RISK

- ID the Hazardous Material
- Placard Requirements
- DD Form 836



NON-NEGOTIABLE / BILL OF LADING



**"FOR CHEMICAL EMERGENCY -  
SPILL, LEAK, FIRE, EXPOSURE  
OR ACCIDENT CALL CHEMTREC  
800-424-9300 DAY OR NIGHT."  
(CHEMTREC CONTRACT #12365)**

RECEIVED QUANTITIES IN GOOD ORDER

SIGN HERE → DATE

THIS IS TO CERTIFY THAT THE HEREIN NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

THE CARRIER CERTIFIES THAT THE CARGO TANK SUPPLIED FOR THIS SHIPMENT IS A PROPER CONTAINER FOR THE TRANSPORTATION OF THIS COMMODITY AS DESCRIBED BY THE SHIPPER.

THE SUPPLIER WHOSE NAME IS INDICATED ON THIS BOL IS RESPONSIBLE FOR COLLECTING AND REMITTING THE STATE MOTOR FUEL TAXES.

GASOLINE ADDED TO MEET EPA DETERGENT ADDITIVE REQUIREMENTS.

THE DRIVER BY SIGNING THIS TICKET HEREBY CERTIFIES THAT TRANSPORT WAS LOADED AS SPECIFIED.

SIGN HERE → DATE

1 TANK TRUCK

GALLONS	HAZARDS
5500	Gasoline Flammable Liquid, 3, UN1203, PGII
1000	Gasoline Flammable Liquid, 3, UN1203, PGII
1500	Diesel Fuel Combustible Liquid, 3, NA 1993, PG III

Product Loaded At: 8200-Terminal Rd., Newington VA 22122 Phone: (703)550-0408

SOLD TO: Exxon Branded	SHIP TO: VA Deliveries
3225 Gallows Road	P/U NEWINGTON VA
Fairfax, VA 22037-0001	NEWINGTON, VA 22122

SUPPLIER: ExxonMobil Corporation	PETROEX/TABS #	MANIFEST	DATE
3225 Gallows Road		0885091	12/03/11
Fairfax, VA 22037-0001	SPECIAL HANDLING		ORDER #
			2213639

CARRIER: SAMUEL CORALUZZO COMPANY	DRIVER NAME	DRIVER #
1713 N. MAIN RD.	WATERS, DAVID	51808
VINELAND, NJ 08360	TRAILER NUMBER	LOAD SPOT
	3007	04

----- PRODUCT INFORMATION -----										***** ADDITIVE INFORMATION *****			
PRODUCT	OCT	GROSS	TEMP	GRAV	NET	ADTV NAME	RATE	TARGET	GROSS	ADTV%			
530150	ULSD15LubX	1500	43.2	36.8	1512								
	ULSD15ppm	1500	43.2	36.8	1512								
	LSD (See Note 4)												
152151	89 Mid Eth	89	1000	42.8	62.0	1013	EMPROP	.1829	.1830	.1812	99		
	87 RBOB	87	593	41.3	63.5	601							
	93 RBOB	93	306	42.8	62.4	310							
	ETHANOL		101	51.9	51.5	102							
	Gasoline (See Note 2) This product is reformulated gasoline containing detergent additive. NON VOC- controlled. E10: contains between 9 & 10 VOL % ETHANOL. Do not mix with gasoline containing anything other than between 9 and 10 VOL % ETHANOL												
151151	87 Reg Eth	87	5500	53.6	62.3	5524	EMPROP	.1829	1.0065	1.001	99		
	87 RBOB	87	4945	53.8	63.5	4966							
	ETHANOL		555	52.2	51.5	558							
	Gasoline (See Note 2) This product is reformulated gasoline containing detergent additive. NON VOC- controlled. E10: contains between 9 & 10 VOL % ETHANOL. Do not mix with gasoline containing anything other than between 9 and 10 VOL % ETHANOL												

"SEE BACK FOR HAZARD WARNINGS AND PRODUCT NOTES"

HAZMAT // HAZMAT // HAZMAT // HAZMAT // HAZMAT // HAZMAT

DANGEROUS GOODS SHIPPING PAPER/DECLARATION AND EMERGENCY RESPONSE INFORMATION FOR HAZARDOUS MATERIALS TRANSPORTED BY GOVERNMENT VEHICLES									
1.a. NOMENCLATURE:					d. CONTAINER SEAL NO.:				
b. MODEL NO.:					e. SERIAL NO.:				
c. BUMPER NO.:					f. TCN NUMBER:				
2. SHIPPER NAME/ADDRESS/TELEPHONE NO./DATE OF PREPARATION									3. PAGE _____ OF _____ PAGES
4. CARGO (To be completed by the unit or shipper Transportation Office (TO))									
UNIT/NUMBER	PROPER SHIPPING NAME (Include PQ, Technical Names, Additional Information per 49 CFR172.203, as required.)	HAZARD CLASS/DIVISION	SUBSIDIARY HAZARD	PACKING GROUP (PG)	PACKAGES		TOTAL NET QUANTITY	TOTAL AMMO (NEW)	
					NUMBER	KIND			
a.	b.	c.	d.	e.	f.	g.	h.	i.	
5. CONSIGNEE NAME									
6. REMARKS									
<b>DD FORM 836</b>									
7.a. COPY OF EMERGENCY RESPONSE GUIDE NUMBER(S)									
b. EMERGENCY NOTIFICATION. In all cases of accident, breakdown or fire, promptly call emergency assistance telephone number(s) in Item 7c below and then shipper and/or consignee in Item 2 above, in that order.									
c. 24-HOUR EMERGENCY ASSISTANCE TELEPHONE NUMBERS:									
DOD NON-EXPLOSIVE HAZMAT: 1-800-851-8061		DOD HAZ CLASS 1 (EXPLOSIVES) ONLY: (703) 697-0218 or 0219 (COLLECT) OR DSN 227-0218 (WATCH OFFICER)		CHEMICAL/BIOLOGICAL WARFARE MATERIAL DUTY HOURS: DSN 584-3044, 584-7211, 584-6455, Comm. (410) 436-3044, (410) 436-7211, (410) 436-6455 AFTER DUTY HOURS: DSN 584-2148, Comm. (410) 436-2148 (Ask for TEU S3)		SECURE HOLDING: Non-AA&E: 1-800-524-0331 AA&E: 1-800-826-0794 OIL AND CHEMICAL SPILLS: NATIONAL RESPONSE CENTER (NRC) AND TERRORIST HOTLINE: 1-800-424-8802 AT SEA: 202-267-2675 (COLLECT)		DOD RADIOACTIVE MATERIALS: ARMY: (703) 697-0218 (COLLECT) USAF: (202) 767-4011 (COLLECT) USN/MC: Use 24-hour emergency response phone number provided by USN/MC activity initiating shipment. DLA: 1-800-851-8061 (AT SEA: (804) 279-3131)	
8. SHIPPER'S CERTIFICATION									
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation.									
a. TYPE OR PRINT NAME OF SHIPPER CERTIFIER					c. SIGNATURE(S) OF VEHICLE OPERATOR(S)				
b. SIGNATURE OF SHIPPER CERTIFIER AND DATE									

DD FORM 836, DEC 2007

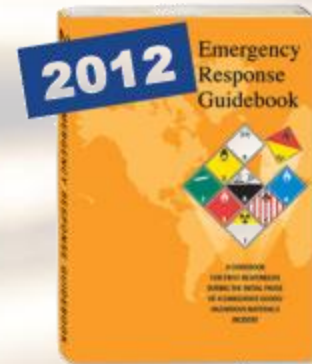
PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 7.0

HAZMAT // HAZMAT // HAZMAT // HAZMAT // HAZMAT // HAZMAT

# CONTAIN THE MATERIAL

- DD Form 836
- Emergency Response Guidebook
- Glove Box Edition  
(Chapter 5 and 9 of the  
NAVSEASWO20-AF-HBK-010)



# ASSURE SAFE DRIVERS / EQUIPMENT

- Training / Licensing
- Medical Requirements
- DD Form 626

**MEDICAL EXAMINER'S CERTIFICATE FOR DRIVERS**  
NAVMC 10970 (4-75)

*I certify that I have examined*  
L Cpl Ronald Samuels  
(Driver's name (Print))

In accordance with the Motor Carrier Safety Regulations (49 CFR 391.49-391.49) and with the knowledge of his duties, I find him qualified under the regulations.  
 Qualified only when wearing corrective lenses  
 Qualified only when wearing a hearing aid  
 A completed examination form for this person is on file at

123 Lopez Street Quantico, VA  
(Licensing Office Address)  
CMDR Joe Public  
(Name of examining doctor (Print))

12/05/2008  
(Date of Exam)  
12/05/2013  
(Date expires)

*Joe Public*  
Ronald Samuels  
(Signature of driver)

SN 0109-LF-064-8200 U/I PG OF 100 (11240)

OF 346 1185 USOPM FFM Chapter 930		<b>U.S. Government Motor Vehicle Operator's Identification Card</b>	Card No. 1000-99	Restrictions Card# 1000-99 VOID PAGE IF LAMINATED Page 2 of 3 CORRECTIVE LENS REQUIRED *MEDICAL CERTIFICATE REQUIRED																		
Name of Operator (Not transferable) Butler, Smedley D.		Sex M	Signature of Operator (Not valid until signed)																			
Date of Birth 10 Nov 75	Social Security No. XXXXX6780	Name and Location of Issuing Unit MTIC.MARDET FLW, MO 65473-5850																				
Height 70	Weight 195	Hair Color BRN	Eye Color GRN	Signature and Title of Issuing Officer <i>L B Puller</i> LIC. OFFICER (M500)																		
Date Issued 01 Dec 99	Date Expires 30 Nov 03																					
<table border="1"> <thead> <tr> <th colspan="3">QUALIFIED TO OPERATE</th> </tr> <tr> <th>Type Vehicle and/or equipment</th> <th>Capacity</th> <th>Qualifying Official</th> </tr> </thead> <tbody> <tr> <td>M1123/998 (M500)</td> <td>2 3/4 TON</td> <td><i>Dan Daily</i></td> </tr> <tr> <td>M1152 W/ARMOR (M500)</td> <td>21/2 TON</td> <td><i>Dan Daily</i></td> </tr> <tr> <td>*MK23/25/27/28 (M500)</td> <td>15 TON</td> <td><i>Dan Daily</i></td> </tr> <tr> <td colspan="3">OTHER RECORDS (Optional)</td> </tr> </tbody> </table>					QUALIFIED TO OPERATE			Type Vehicle and/or equipment	Capacity	Qualifying Official	M1123/998 (M500)	2 3/4 TON	<i>Dan Daily</i>	M1152 W/ARMOR (M500)	21/2 TON	<i>Dan Daily</i>	*MK23/25/27/28 (M500)	15 TON	<i>Dan Daily</i>	OTHER RECORDS (Optional)		
QUALIFIED TO OPERATE																						
Type Vehicle and/or equipment	Capacity	Qualifying Official																				
M1123/998 (M500)	2 3/4 TON	<i>Dan Daily</i>																				
M1152 W/ARMOR (M500)	21/2 TON	<i>Dan Daily</i>																				
*MK23/25/27/28 (M500)	15 TON	<i>Dan Daily</i>																				
OTHER RECORDS (Optional)																						
The holder of this card is qualified to operate U.S. Government vehicles and/or equipment specified, subject to the restrictions set forth on the other half of this card. Card must be carried at all times when operating Government vehicles.																						
NSN 7540-00-634-3999				50346-101																		

Restrictions Card# 1000-99 VOID PAGE IF LAMINATED		Page 3 of 3
QUALIFIED TO OPERATE		
Type Vehicle and/or equipment	Capacity	Qualifying Official
ENDORSEMENT PAGE ONLY *HAZARDOUS MATERIAL (M500)	N/A FUEL	<i>Dan Daily</i>
OTHER RECORDS (Optional) * HAZMAT DRIVER MUST HOLD CURRENT MEDICAL CERTIFICATE VALID STATE DRIVERS LICENSE REQUIRED <i>Dan Daily</i> HAZMAT DRIVER ENDORSEMENT EXPIRES 10 AUG 2003 <i>Dan Daily</i> UNDER 21 VALID FOR USE ON-BASE ONLY		
NSN 7540-00-634-3999		50346-101

# DD FORM 626

MOTOR VEHICLE INSPECTION (TRANSPORTING HAZARDOUS MATERIALS)													
<i>(Read Instructions before completing this form.)</i>													
This form applies to all vehicles which must be marked or placarded in accordance with Title 49 CFR.						1. BILL OF LADING/TRANSPORTATION CONTROL NUMBER							
SECTION I - DOCUMENTATION				ORIGIN a.				DESTINATION b.					
2. CARRIER/GOVERNMENT ORGANIZATION													
3. DATE/TIME OF INSPECTION													
4. LOCATION OF INSPECTION													
5. OPERATOR(S) NAME(S)													
6. OPERATOR(S) LICENSE NUMBER(S)													
7. MEDICAL EXAMINER'S CERTIFICATE*													
8. <i>(X if satisfactory at origin)</i>						9. CVSA DECAL DISPLAYED ON COMMERCIAL EQUIPMENT*							
a. HAZMAT ENDORSEMENT		d. ERG OR EQUIVALENT COMMERCIAL:		YES		NO		a. TRUCK/TRACTOR*		YES		NO	
b. VALID LEASE*		e. DRIVER'S VEHICLE INSPECTION REPORT*						b. TRAILER					
c. ROUTE PLAN		f. COPY OF 49 CFR PART 397											
SECTION II - MECHANICAL INSPECTION													
<i>All items shall be checked on empty equipment prior to loading. Items with an asterisk shall be checked on all incoming loaded equipment.</i>													
10. TYPE OF VEHICLE(S)						11. VEHICLE NUMBER(S)							
12. PART INSPECTED <i>(X as applicable)</i>		ORIGIN (1)		DESTINATION (2)		ORIGIN (1)		DESTINATION (2)		COMMENTS (3)			
		SAT		UNSAT		SAT		UNSAT					
a. SPARE ELECTRICAL FUSES						k. EXHAUST SYSTEM							
b. HORN OPERATIVE						l. BRAKE SYSTEM*							
c. STEERING SYSTEM						m. SUSPENSION							
d. WINDSHIELD/WIPERS						n. COUPLING DEVICES							
e. MIRRORS						o. CARGO SPACE							
f. WARNING EQUIPMENT						p. LANDING GEAR*							
g. FIRE EXTINGUISHER*						q. TIRES, WHEELS, RIMS							
h. ELECTRICAL WIRING						r. TAILGATE/DOORS*							
i. LIGHTS AND REFLECTORS						s. TARPULIN*							
j. FUEL SYSTEM*						t. OTHER <i>(Specify)</i>							
13. INSPECTION RESULTS <i>(X one)</i> ACCEPTED <input type="checkbox"/>						REJECTED <input type="checkbox"/>							
<i>(If rejected give reason under "Remarks". Equipment will be approved if deficiencies are corrected prior to loading.)</i>													
14. SATELLITE MOTOR SURVEILLANCE SYSTEM: <i>(X one)</i> ACCEPTED <input type="checkbox"/>						REJECTED <input type="checkbox"/>							
15. REMARKS													
16. INSPECTOR SIGNATURE <i>(Origin)</i>						17. INSPECTOR SIGNATURE <i>(Destination)</i>							
SECTION III - POST LOADING INSPECTION													
<i>This section applies to Commercial and Government/Military vehicles. All items will be checked prior to release of loaded equipment and shall be checked on all incoming loaded equipment.</i>													
		ORIGIN (1)		DESTINATION (2)		ORIGIN (1)		DESTINATION (2)		COMMENTS (3)			
		SAT		UNSAT		SAT		UNSAT					
18. LOADED IAW APPLICABLE SEGREGATION/COMPATIBILITY TABLE OF 49 CFR													
19. LOAD PROPERLY SECURED TO PREVENT MOVEMENT													
20. SEALS APPLIED TO CLOSED VEHICLE; TARPULIN APPLIED ON OPEN EQUIPMENT													
21. PROPER PLACARDS APPLIED													
22. SHIPPING PAPERS/DD FORM 2890 FOR GOVERNMENT VEHICLE SHIPMENTS													
23. COPY OF DD FORM 626 FOR DRIVER													
24. SHIPPED UNDER DOT SPECIAL PERMIT 868													
25. INSPECTOR SIGNATURE <i>(Origin)</i>						26. DRIVER(S) SIGNATURE <i>(Origin)</i>							
27. INSPECTOR SIGNATURE <i>(Destination)</i>						28. DRIVER(S) SIGNATURE <i>(Destination)</i>							

# SUMMARY

## **Our Drivers:**

- Are Communicating the Risk
- Are Prepared to Contain the Material
- Have Assured that Themselves and the Equipment are Safe